

POSITION	ID. NO.	DATE
CLASSIFIER	49	1/9/93
EXAMINER	1077	2323
TYPIST		
VERIFIER		
CORPS CORR.		
SPEC. HAND	508	1/8/93
FILE MAINT.		
DRAFTING		

AGIN 510

INDEX OF CLAIMS

Claim	Date
Final Original	11 8 4 9899 00
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SYMBOLS

Rejected
Allowed
(Through number) Cancelled
Restricted
Non-selected
Interference
Appeal
Objected

Claim	Date
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